Listeriosis Investigation Form

Arizona Department of Health Services State ID:_____

****Please attach Communicable Disease Report (CDR) to this form****

County:_____ Interviewer:_____ Interview Date:____/____/____

I. Patient Information

Name: Last First | Date of Birth: _____/_____/_____

II. Isolate Information

Source of Specimen:
☐ Blood ☐ Tissue
☐ CSF ☐ Other
☐ Vaginal Specify:_____

Type of Infection:
☐ Bacteremia ☐ Meningitis
☐ Neonatal Sepsis ☐ Other
☐ Encephalitis Specify:_____

Date of first positive culture: ____/____/_____

Lab test type:
☐ Culture ☐ Other (specify): _____

III. Clinical Information

Date of symptom onset: ____/____/_____

Was the case hospitalized? ☐ Yes ☐No ☐Unk.
Hospital: _____
Admit Date: _____/_____/_____
Total days hospitalized: _____

Health Care Provider Information:
Provider Name: _____
Provider Address: _____
Provider Phone: (_____) _____
Chart #: _____ Record #: _____

Outcome: *(check all that apply)* ☐ Died ☐ Survived ☐Miscarriage ☐ Still birth ☐ Unknown

Was the case diagnosed while pregnant or within 2 weeks of delivery or miscarriage? ☐Yes ☐No ☐ Unknown
If yes, please indicate the outcome of the pregnancy:

☐ Normal Date of delivery: _____/_____/_____
☐ Still birth Date of stillbirth: _____/_____/_____
☐ Miscarriage Date of miscarriage: _____/_____/_____
☐ On-going Expected delivery date: _____/_____/_____
☐ Other (please specify): _____

Was the case a newborn? ☐ Yes ☐No ☐Unknown

If yes: Was the mother tested for listeriosis? ☐ Yes ☐ No ☐Unknown
Date of mother's positive test result (if applicable) _____/_____/_____ ☐ Unknown
Mother's Name: Last Name First Name
_____

IV. Exposure History

Did the case (or mother of a newborn case) consume any of the following food items within 3 weeks prior to symptom onset. *If asymptomatic, use the date of specimen collection (or the delivery date, if a newborn case) as the date of onset.*

Hot Dogs: ☐ Yes ☐ No ☐ Unknown Specify types/brands: _____
Pre-packaged or sliced deli meats: ☐ Yes ☐ No ☐ Unknown Specify types/brands: _____
Soft/Mexican cheese: ☐ Yes ☐ No ☐ Unknown Specify types/brands: _____
Unpasteurized milk (or products made from unpasteurized milk): ☐ Yes ☐ No ☐ Unknown Specify types/brands: _____
Any other high risk foods? ☐ Yes ☐ No ☐ Unknown
If yes, please specify: _____